

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	09/614,829
Filing Date	July 12, 2000
First Named Inventor	Kronzer
Group Art Unit	1771 -
Examiner Name	N. Torres-Velazquez
Attorney Docket Number	11301-0901 (44040-227692)

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To: Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified application.

The reasons for this request are: Conflict of Interest

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:
CORRESPONDENCE ADDRESS

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- ☒ This request is made on behalf of myself and
☐ all the attorneys/agents of record,
☒ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☐ the attorneys/agents associated with Customer Number _____
This request is enclosed in triplicate (including any attachments)

Name Robert E. Richards - Reg. No. 29,105

Signature

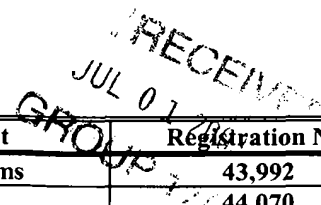
Date

NOTE: Withdrawal is effective when approved rather than when received
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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